

CHART #:		DOB:	
NAME:	NEWCOMB, JANICE E		
ADDRESS:		PHONE:	

CHIEF COMPLAINT

Foot pain bilateral and left knee pain.

HISTORY OF COMPLAINT

Ms. Newcomb is a 54-year-old female here for second opinion on her feet. Her biggest problem is pain of a left calcaneus. She says it started back with an injury on August 20, 2007. She had a twisting injury of her foot. She stepped off a curb and apparently felt a pop in her foot. She noted some swelling prior to that and had prior pain with plantar fasciitis but after the August 20 episode, it seems to become a little more severe or a different type pain. She has been seeing a Dr. Bushman, a podiatrist, for this. She has been immobilized but not had complete relief. She has had multiple cortisone injections as well for her plantar fascial pain, and recently had an MRI as well.

Her last injection of the plantar fascia was July 27, 2007. She was told at that time that she should probably not have any additional cortisone. She had had her limit on injections. She says she just still has pain in her foot and starting to have some tenderness in her right foot and left knee as well. She thinks her pain in the knee may be from compensating for her foot injury.

She denies any previous surgeries to her foot. She says the pain in her foot is worse with walking and even in the boot. She is being seen at the request of Dr. Addison today. Her best relief is when she gets off her foot and elevates it.

PMFSH AND REVIEW OF SYSTEMS

Past history, family history, musculoskeletal history, social history and review of systems as noted on the chart and reviewed with the patient.

PHYSICAL EXAMINATION

The patient is a healthy appearing, 54-year-old female. Vital signs show a height of 5 feet 7 inches, weight 225 pounds, pulse 87. She is alert and oriented x3. Mild distress. Well-nourished, well-developed. She can stand on plantigrade feet but she has antalgic gait favoring the left foot. With her seated, she has intact sensation of her toes to light touch, 2+ pedal pulses. No pitting edema or varicosities. She points to the lateral and plantar hindfoot, midfoot junction as the area of tenderness. She has just mild swelling of the hindfoot. No ecchymosis. She has intact sensation to all the toes of both feet, 2+ pedal pulses, no pitting edema or varicosities. She has supple midfoot, forefoot and hindfoot.

She is tender around the lateral calcaneus near the subtalar sinus tarsi area. She has also tenderness plantarly and directly beneath this area with minimal tenderness medial.

IMAGING

X-rays today, 3 view x-ray, bilateral feet show what appears to be an older, probably nonunion of calcaneal process fracture near Gissane angle, directly vertical fracture at this area. It looks to be nondisplaced. Otherwise the hindfoot looks to be in good condition.

An MRI was performed on August 20, 2007, and shows a fracture of the calcaneus in the area stated above with subacute or chronic features. There is also disruption of the proximal

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plantar fascia and marrow edema in the fifth toe proximal phalanx. Multilevel tenosynovitis.

IMPRESSION

1. Calcaneus fracture, left (825.0).
2. Compensatory foot pain, right (719.47).
3. Compensatory knee pain, left (719.46).

PLAN

1. CT of the left hindfoot to evaluate for this calcaneus fracture to see if this is an old or new fracture and evaluate its integrity.
2. Continue with a boot walker.
3. Follow up with results.

11/01/2007

DERR

cy-002

CHIEF COMPLAINT

Follow-up for the CT scan of her left calcaneus fracture.

HISTORY OF COMPLAINT

Ms. Newcomb is following up for the CT scan of her left foot. The left calcaneus. No new complaints. She says that she also brought some x-rays that she had prior to all this of her heel from her podiatrist. She says she was in a cast for two weeks after this injury and then in a boot after that. Then she was on crutches for the first couple of weeks.

PMFSH & REVIEW OF SYSTEMS

Past history, family history, musculoskeletal history, social history, and review of systems as noted on the chart and reviewed with the patient.

PHYSICAL EXAMINATION

The patient's left foot was still tender on the lateral side with minimal swelling.

IMAGING

The CT scan shows that there is a vertical fracture through the calcaneus just beneath the Gissane's angle. It goes up into Gissane's angle but it does not displace the joint or the superior aspect of the calcaneus. She has more widening plantarly with compression dorsally.

On her CT scan she also shows partial healing laterally along the course of the fracture.

IMPRESSION

Calcaneus fracture, left.

PLAN

1. We are going to place her back into a short-leg cast and have her do minimal, if any, weightbearing.

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Bone & Joint Clinic, P.C.
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2. She will use her crutches again.
3. We will get a bone stimulator from _____.
4. We will see her back in four weeks to re-x-ray her foot with os calcis x-rays.
5. We will continue with, after we see her next time, probably continue with the boot, maybe in the cast.

11/26/2007

DERR

cy-249

CHIEF COMPLAINT

Followup.

HISTORY OF COMPLAINT

Ms. Newcomb is following up for the calcaneus fracture of the left foot. She injured this in August. We have been trying to get a bone stimulator approved for her. She says that her insurance required her to get another x-ray today.

PMFSH & REVIEW OF SYSTEMS

Past history, family history, musculoskeletal history, social history, and review of systems as noted on the chart and reviewed with the patient.

PHYSICAL EXAMINATION

The patient's x-rays today show some minimal change since noted previously. There may be some further healing more distally than was noted previously, but still incomplete healing. The joint surface is still anatomically aligned at the posterior facet.

IMPRESSION

Stress fracture of the left calcaneus, 825.0.

PLAN

1. We will still continue with nonweightbearing crutch use of her left foot.
2. She will continue with the boot.
3. We will hopefully get the bone stimulator approved soon so that she can start to use that. I reviewed the CT as well, and I feel that this has a high chance of healing on its own with the bone stimulator assistance.

12/26/2007

DERR

cy-249

CHIEF COMPLAINT

Followup.

HISTORY OF COMPLAINT

Ms. Newcomb is following up for her left heel stress fracture. Overall, she is doing quite well. No new complaints. She says it is gradually getting better but she is not able to bear full weight without crutches yet.

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PMFSH & REVIEW OF SYSTEMS

Past history, family history, musculoskeletal history, social history, and review of systems as noted on the chart and reviewed with the patient.

PHYSICAL EXAMINATION

The patient's left heel is less tender now to touch on the lateral aspect. It used to hurt her quite a bit. There is no swelling, no ecchymosis. She has good overall active and passive motion of her hindfoot without pain.

IMAGING

An os calcis x-ray including lateral and Harris views shows progressive healing of the fracture. It looks to be filling in quite nicely on the lateral view with her using the bone stimulator.

IMPRESSION

Stress fracture of the left calcaneus, resolving, 825.0.

PLAN

1. Prescription for Lortab 7.5 #30 with no refills.
2. Continue with the boot and crutches until she can walk without them.
3. She has a Spanko insert at home and I would like to have her place that in the boot, or she has a padded heel pad that she can put in the boot. Either one she can use for added comfort.
4. I showed her an Achilles tendon stretch with a towel and I want her to start working on that three times a day for five minutes each time.
5. We will see her back in four weeks at which time we will do a repeat x-ray as we did today, os calcis x-rays with a standing lateral being part of that series.

02/28/2008

DERR

cy-MS2

CHIEF COMPLAINT

Followup.

HISTORY OF PRESENT ILLNESS

Ms. Newcomb is following up for her stress fracture of her left calcaneus. She is still having tenderness when she walks in the boot. She can be up for about an hour or so at a time.

PMFSH & REVIEW OF SYSTEMS

Past history, family history, musculoskeletal history, social history, and review of systems as noted on the chart and reviewed with the patient.

IMAGING

The patient's left foot x-ray, os calcis and a lateral standing x-ray show the fracture is completely healed. Just minimal change on the plantar cortical area where the fracture was previously located. It has good trabecular filling.

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IMPRESSION

Stress fracture, left calcaneus, clinically and radiographically healing, 825.0.

PLAN

1. Continue to wean from the boot. She just needs time to toughen up her ankle since it has been so long that she has been dealing with this. She will need about 6 weeks to transition to a shoe full time.
2. We will continue with restrictions at work as set down work for 6 weeks.
3. A script for Lortab 5 mg #40 and no refills. She understands this is probably her last script for that and she needs to wean to something nonnarcotic after this.

04/23/2008

DERR

cy-247

CHIEF COMPLAINT

Followup.

HISTORY OF PRESENT ILLNESS

Jan is following up for the left calcaneus stress fracture. It just having us recheck it. Not really having any major complaints.

PMFSH & REVIEW OF SYSTEMS

Past history, family history, musculoskeletal history, social history, and review of systems as noted on the chart and reviewed with the patient.

PHYSICAL EXAMINATION

The patient's left foot is nontender. No swelling. No ecchymosis. Walks with a nonantalgic gait.

IMAGING

A three-view x-ray of her left foot with os callus x-rays also including a lateral and Harris view show the calcaneal stress fracture to be completely healed now and no offset of displacement of the articular surface. The fracture was at the body anterior process junction of the calcaneus.

IMPRESSION

Left calcaneal stress fracture, 825.0.

PLAN

Followup p.r.n.

6/24/08

Tbrewer, LPN

Patient phoned stating that she walks all day at work and she needs a refill on Lortab 7.5mg until she can make return appt- advised patient that request would be forwarded to MD when he returns to clinic tomorrow.

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